

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 FEB 22 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000089292 (4)

1. Corporation Name

CPC MEDICAL CENTER, INC.

Principal Place of Business

11398 N.W. 3RD STREET
MIAMI FL 33172

Mailing Address

11398 N.W. 3RD STREET
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1994

3a. Date of Last Report

2. Principal Place of Business

21 1490 West 49 Place

Suite, Apt. #, etc.

22 Suite 555

City & State

23 Hialeah Florida

Zip

24 33012

Country

25 Dade

2a. Mailing Address

26 10008 West Flagler ST

Suite, Apt. #, etc.

27 Suite 105

City & State

28 Miami Florida

Zip

29 33174

Country

30 Dade

4. FEI Number

650543859

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

CARMEN MARRERO, MARIA D
11398 N.W. 3RD STREET
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Registered Agent or predecessor of registered agent and the applicable:

1201 Registered Agent signature required when registering:

2411

12. OFFICERS AND DIRECTORS

12.1 NAME
D CARMEN MARRERO, MARIA D
12.2 STREET ADDRESS
11398 N.W. 3RD STREET
12.3 CITY, ST, ZIP
MIAMI FL 33172

12.4 NAME
12.5 STREET ADDRESS
12.6 CITY, ST, ZIP

12.7 NAME
12.8 STREET ADDRESS
12.9 CITY, ST, ZIP

12.10 NAME
12.11 STREET ADDRESS
12.12 CITY, ST, ZIP

12.13 NAME
12.14 STREET ADDRESS
12.15 CITY, ST, ZIP

12.16 NAME
12.17 STREET ADDRESS
12.18 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

13.5 TITLE ☐ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY, ST, ZIP

13.9 TITLE ☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY, ST, ZIP

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY, ST, ZIP

13.17 TITLE ☐ Change ☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY, ST, ZIP

13.21 TITLE ☐ Change ☐ Addition

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY, ST, ZIP

13.25 TITLE ☐ Change ☐ Addition

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY, ST, ZIP

13.29 TITLE ☐ Change ☐ Addition

13.30 NAME

13.31 STREET ADDRESS

13.32 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 (17C)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if such officer or director, that I am an officer or director of the corporation or the incorporator or founder empowered to execute this report as required by Chapter 180, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA DEL CARMEN MARRERO PRESIDENT

02-15-95

Date

226-9428

Signature Number